



ACADEMIC INTEGRITY FACULTY RESOLUTION FORM

INFORMATION

Student Name _____ ID _____ Email _____

Course _____ Course Semester and Year _____
pre x, number and section

Instructor _____ Instructor Email _____

STUDENT RESPONSIBILITY

The student and instructor agree a violation did not occur.

The student denies responsibility for violation.

The student accepts responsibility for violation.

The student admits responsibility for the action but denies it is a violation.

The student failed to appear at scheduled meeting.

The student did not respond within the 5-business-day window.

Other _____

SANCTION

Resubmission of the assignment. Due by _____

No credit for the assignment

Reduced credit for the assignment (please explain) _____

SIGNATURES

By signing below, I indicate that I have discussed the incident with my instructor and agree that the information above is accurate. I understand that I may appeal this decision to the Academic Integrity Council.

Student _____ Date _____

Instructor _____ Date _____